



CALIFORNIA DEPARTMENT OF HEALTH SERVICES
CANCER DETECTION SECTION

Fact Sheet

California Department of Health Services | Cancer Detection Section

cancer detection section

*...multi-faceted
public health
programs for breast,
cervical, and
prostate cancer.*

Our Mission and Vision

The Mission of the Cancer Detection Section is to save lives by preventing and reducing the devastating effects of cancer for all Californians through early detection, diagnosis and treatment, with special emphasis on the underserved.

The Vision of the Cancer Detection Section is to:

- Reduce the disparities in the cancer burden.
- Ensure that all Californians have access to high quality cancer education, early detection, diagnosis, and treatment.
- Influence healthcare systems to provide quality services.
- Have a valued and expert workforce.
- Be a leader in cancer detection and control.

The Cancer Detection Section (CDS) is part of the California Department of Health Services' Chronic Disease and Injury Control Division. CDS manages multi-faceted public health programs for breast, cervical, and prostate cancer.

An Introduction to Our Programs

Cancer Detection Programs: Every Woman Counts...

Helping underserved women receive free breast and cervical cancer screening and diagnostic services. *Cancer Detection Programs: Every Woman Counts* is funded by a federal grant and state tobacco tax revenue.

- Breast cancer is the most common cancer and the second leading cause of cancer death for women in California.
- One in eight women will develop breast cancer in their lifetime.
- Regular screening for breast cancer can detect cancer at its earliest, most treatable stage and save lives.
- Cervical cancer is nearly 100% preventable with regular screening.

IMPACT (Improving Access, Counseling and Treatment for Californians with Prostate Cancer)...

The IMPACT program, was established to provide free, high quality prostate cancer treatment to low-income, uninsured California men. The program has stopped accepting new patients as of December 26, 2003, but continues to provide services to those enrolled before that date.

Fact Sheet



California Department of Health Services | Cancer Detection Programs: Every Woman Counts

Cancer Detection Programs: Every Woman Counts

Since 1991 the Cancer Detection Section (CDS) has provided breast and cervical cancer screening and diagnostic services to women. These services are provided free to women who qualify thanks to the Breast and Cervical Cancer Mortality Prevention Acts of 1990 (Public Law 101-354) and the California Breast Cancer Act of 1993.

*But, it takes more
than a
mammogram...*

Cancer Detection Programs: Every Woman Counts provides life-saving breast and cervical cancer screening and diagnostic services including clinical breast exams, mammograms, pelvic exams and Pap tests to California's underserved women. These women are age 40 and older (cervical cancer screening is provided to women 25 and older), have an income at or below 200% of the federal poverty level and have no or limited health insurance.

Approximately 900,000 women are eligible for breast cancer screening services and more than 1,800,000 are eligible for cervical cancer screening services.

State Strategies for Care and Action

But, it takes more than a mammogram...

Success in fighting breast and cervical cancer for underserved women means involving people and resources on state and local fronts. Advancing high quality care through clinical services, quality assurance, professional education, marketing, public education, outreach, evaluation, research and surveillance. It takes all of this to bridge the health disparity gap for California's medically underserved. On the State front, some highlights from CDS are:

Clinical Services—breaking down barriers to care.

- Breast cancer screening, diagnostic and treatment services and, in some areas, cervical cancer screening and diagnostic services, are offered by over 2,000 providers.
- Expanded breast and cervical cancer treatment services are available through Medi-Cal to women screened through *Cancer Detection Programs: Every Woman Counts* and others who qualify.
- Web-based enrollment applications can be completed by the doctor office staff right in the office!

Quality Assurance, Guidelines and Protocols—essential to saving lives.

- A landmark study of the largest population of women who have been screened in the country uses medical charts to gather clinical data to assess diagnostic patterns and outcomes.
- A link from the CDS website (<http://qap.sdsu.edu>) offers materials and technical assistance to medical professionals for ensuring quality care.
- A Woman's Guide to Breast Cancer Diagnosis and Treatment, a booklet that is legally required to be given to a woman when diagnostic or treatment services are being performed to help her make informed decisions about her care.

MS-7203 | PO Box 997413 | Sacramento | California | 95899-7413 | 916.449.5300

Professional Education--increasing a health professional's capacity to provide high-quality screening services.

- Over 3,000 medical professionals have received state-of-the-art, hands-on, skills-based clinical breast exam and provider-patient communication training.
- Over 3,000 interactive breast cancer review CD-ROMs have been distributed.
- Tools and systems are available to prompt women for yearly exams and follow-up with women who have abnormal findings.

Marketing, Public Education and Outreach--innovative strategies to reach the underserved.

- Award-winning TV public service announcements and Mother's Day promotions reach women through the heart of their families.
- A Healthy Lifestyles education curriculum inspires healthy nutrition and physical activity changes to reduce the risk of breast cancer and chronic diseases.
- Low-literacy education materials are offered in English, Spanish, Chinese, Korean, and Vietnamese.
- A toll-free '800' number consumer referral line 1-800-511-2300 is the only number of its kind in the nation to offer services in six languages. It has received over 90,000 calls since 1995.
- Operates Monday-Friday 9am-7pm
- Calls are answered in English, Spanish, Mandarin, Cantonese, Korean, and Vietnamese

Evaluation, Research and Surveillance--science providing crucial information in addressing the problem of breast and cervical cancer.

- Data from surveys assess California women's breast and cervical cancer screening knowledge and behavior, as well as other relevant behavioral, economic and social factors.
- A large database involving more than 400,000 women, numerous clinical services, and thousands of providers is used to monitor and evaluate the quality of services, determine policy priorities, provide reports, and assess the impact of the program on the underserved in California.
- California is one of 12 states to receive federal funds to assess and reduce heart disease risk in the low-income, uninsured women being screened for breast and cervical cancer. In California this demonstration project, *Corazón de la Familia (Heart of the Family)*, will focus on reducing the risk of illness and death from heart disease among low income and uninsured Latina women. *Corazón de la Familia* offers assessment, patient education, counseling, referral and follow-up for heart disease risk factors. The project will be implemented in one clinic site as a pilot and subsequently be expanded to additional clinic sites.

Local Connections for Care and Action...Regional Cancer Detection Partnerships

A network of 10 regional cancer detection partnerships work to make breast and cervical cancer a public health priority by bringing together local communities and developing collaborative relationships that provide:

- Outreach and Support for Women
- Client support services such as language interpretation, counseling, childcare, and transportation are offered to reduce barriers to care.
 - Volunteer coalitions and ethnic specific task forces advocate for and help ensure access, quality, and the cultural relevance of the program for the underserved.

- Social marketing campaigns take place throughout the year to motivate women to seek breast and cervical cancer screening services.
- Support for Physicians and Health Professionals
 - Local networks for medical care are developed to reach all areas of the community.
 - Strategies to improve clinic management systems related to tracking, follow-up and rescreening are discussed with a volunteer coalition of experts.
 - Training and continuing education of health professionals is facilitated through the collaborative efforts of CDS and the regional cancer detection partnerships.

Regional cancer detection partnerships serve all 58 California counties. A complete list of the partnerships and contact information can be found on the CDS website www.dhs.ca.gov/cancerdetection.

Funding

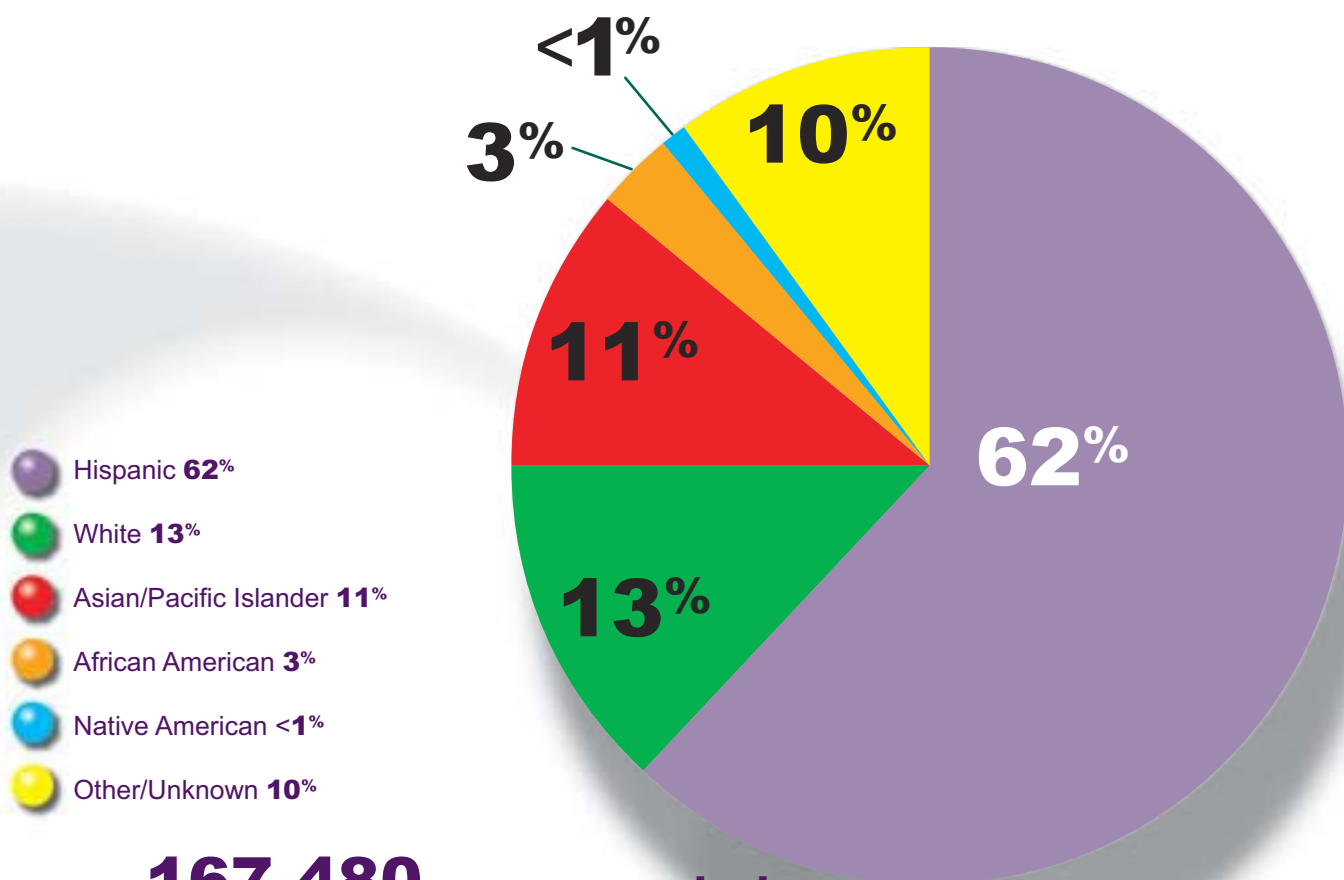
Federal and state governments join together to fight breast and cervical cancer.

- Centers for Disease Control and Prevention under the Breast and Cervical Cancer Mortality Prevention Acts of 1990 (Public Law 101-354).
- California Breast Cancer Act of 1993 mandates 50% of the revenues collected from a 2-cent tax on tobacco products towards breast cancer control. While the program is growing to meet the needs of the large, uninsured California population, the revenues from this tax are decreasing as Californian's are smoking less.
- Funding from the Proposition 99 unallocated account.

Women Served

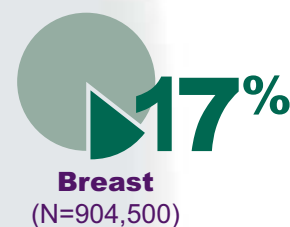
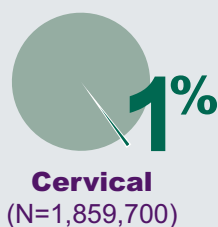
breast and cervical cancer services

July 1, 2000 - June 30, 2001

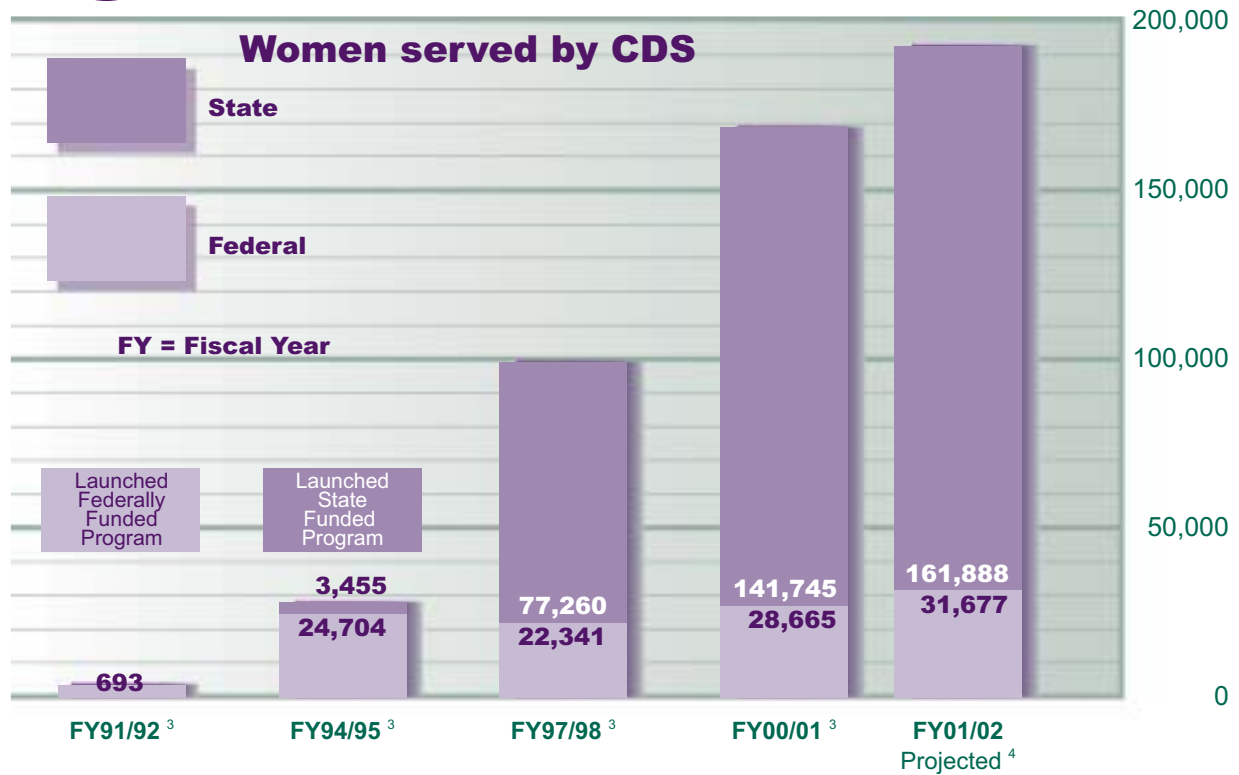


167,480 women reached
with CDS breast and/or cervical
cancer services

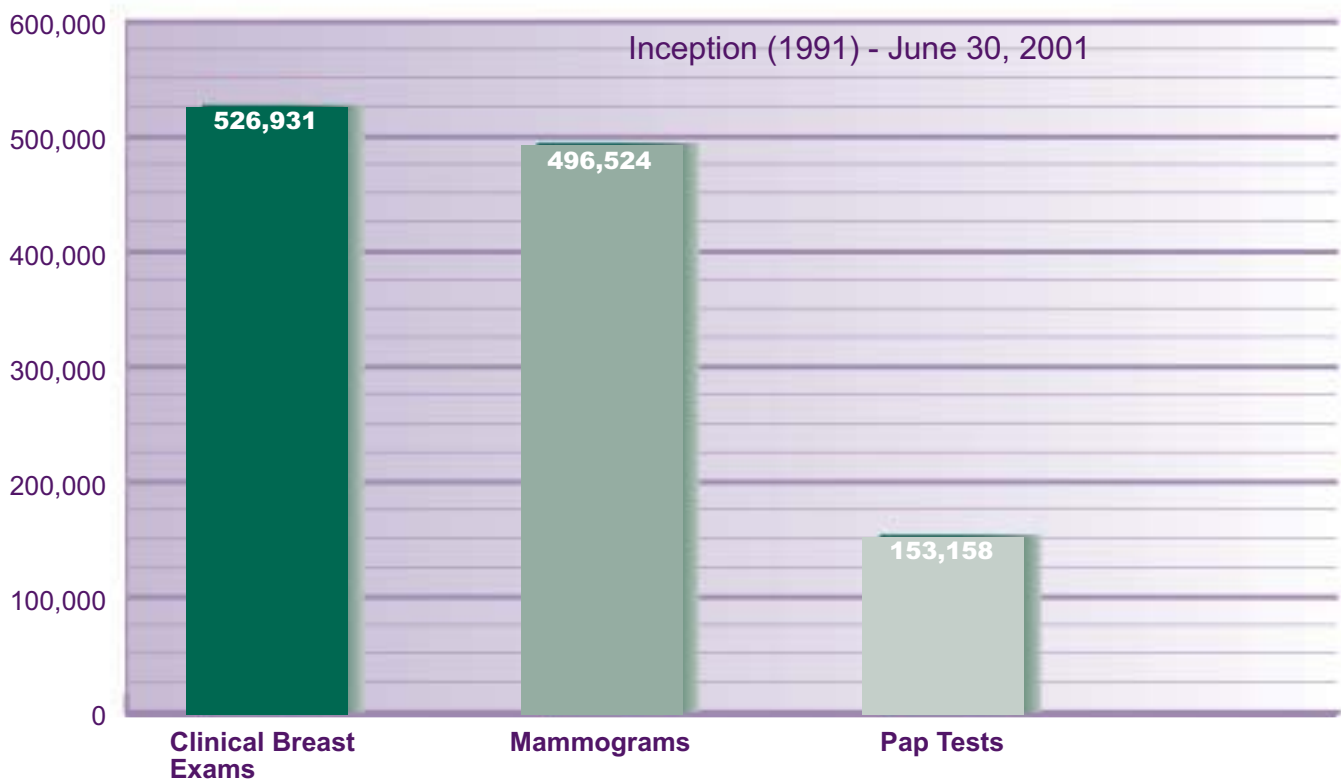
vs. **Women Eligible**¹
Women Served²



Program Growth



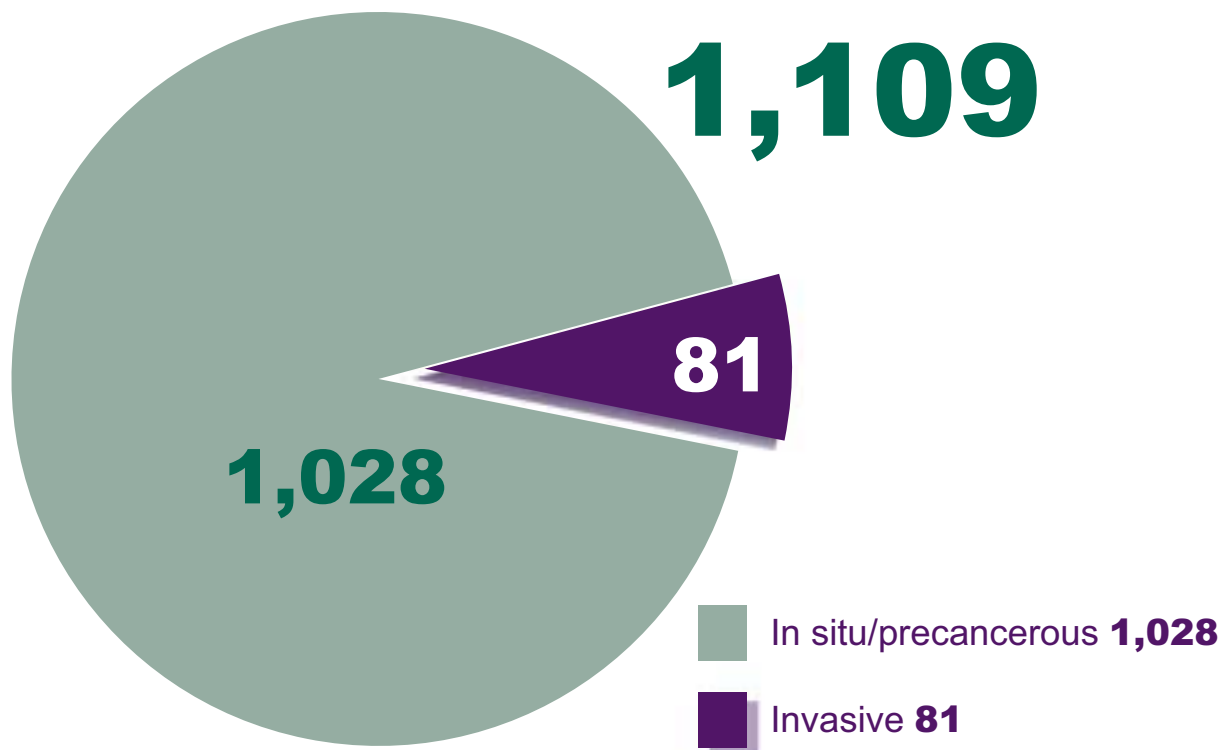
Screening Services Provided⁵



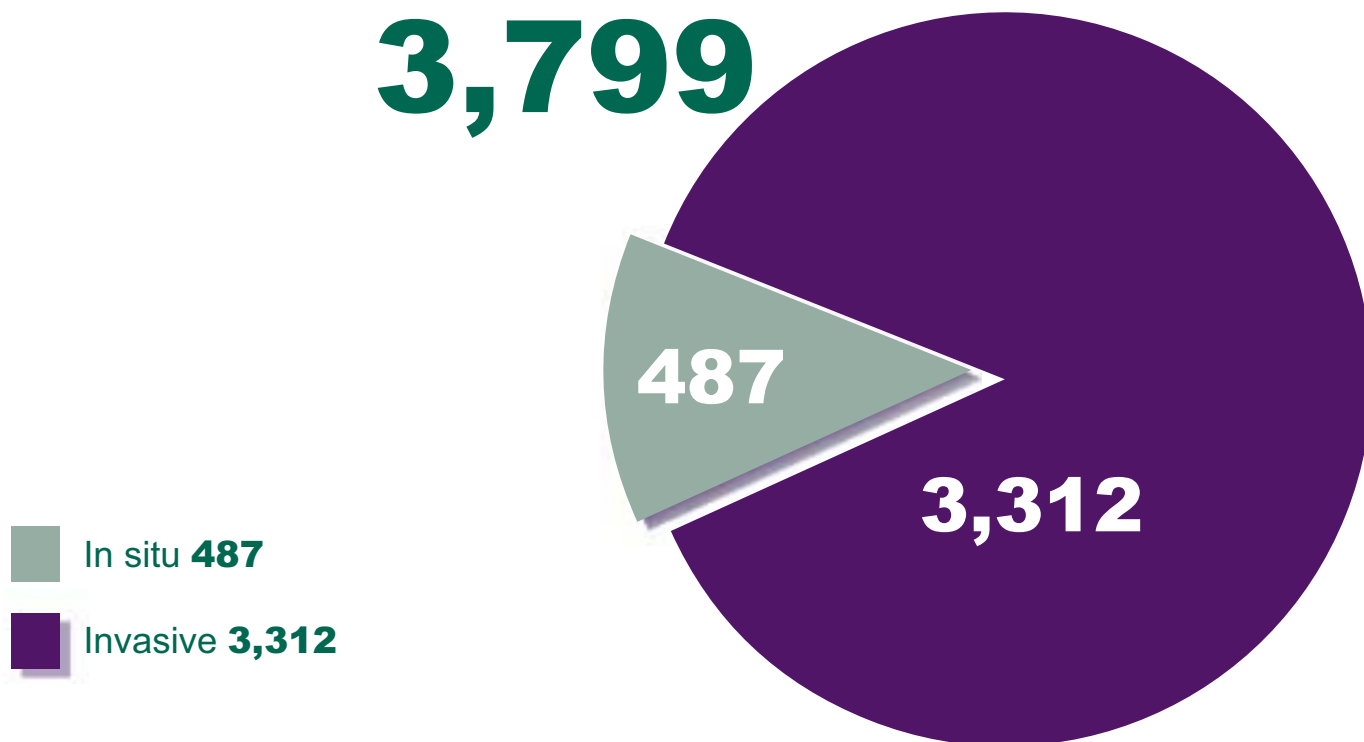
Women with Cancer

Inception (1991) - June 30, 2000

Number of Women Diagnosed with Cervical Cancer ⁶



Number of Women Diagnosed with Breast Cancer ⁶



Eligibility Requirements

Women eligible for free breast cancer screening services must be 40 or older, low income (at or below 200 percent of the federal poverty level), and have no or limited health insurance coverage. For cervical cancer screening, women must meet the same income and insurance criteria and be 25 or older.



Cancer Detection Programs:
Every Woman Counts

1-800-511-2300
www.dhs.ca.gov/cancerdetection

Footnotes

- 1) The numbers of women in the state eligible for breast and cervical cancer services were direct estimates using the 2001 Current Population Survey, Annual Demographic (March Supplement), and includes women 25 and older (cervical services) or women 40 and older (breast services) who are not covered by Medi-Cal or Medicare and are below 200% federal poverty level.
- 2) The number of "Women Served" was based on paid claims extracted from the Cancer Detection Section's billing claims database (March 2002 version of Common Analytical File). The percentages of women served for breast and cervical in "Women Eligible vs. Women Served" do not sum to the number in "Women Served" because some women received both breast and cervical cancer screening services.
- 3) The statistics are based on the federal or state programs' number of paid claims extracted from the Cancer Detection Section's billing claims database (March 2002 version of Common Analytical File). A woman may receive services from both the federal and state programs and may be included in both federal and state counts in the same year.
- 4) The federal projection is based on the federal program (Breast and Cervical Cancer Control Program) billing data as of 3/25/02. The projected number for the state program is based on BCEDP paid claims (March 2002 version of Common Analytical File (CAF)) using time series method (SAS ARIMA procedure).
- 5) "Services Provided" data are based on paid claims for clinical services and were extracted from the Cancer Detection Section's billing claims database (March 2002 version of Common Analytical File). The procedures highlighted in "Services Provided" are key screening procedures and do not reflect all of the procedures (e.g. diagnostic) covered by CDS.
- 6) The number of women diagnosed with breast cancer is based on the February 2002 linkage between the California Cancer Registry and Cancer Detection Sections databases (March 2002 version of Common Analytical File). The numbers do not include 115 women whose cancers were reported as unstaged. The number of women diagnosed with cervical cancer is based on the February 2002 Minimum Data Elements (MDE) file. In situ/precancerous is defined as CIN II and CIN III stage classification.

for your information

The **Chances** of a woman getting Breast Cancer as she ages

Age **30 - 40** ... **1** out of **257**

Age **40 - 50** ... **1** out of **67**

Age **50 - 60** ... **1** out of **36**

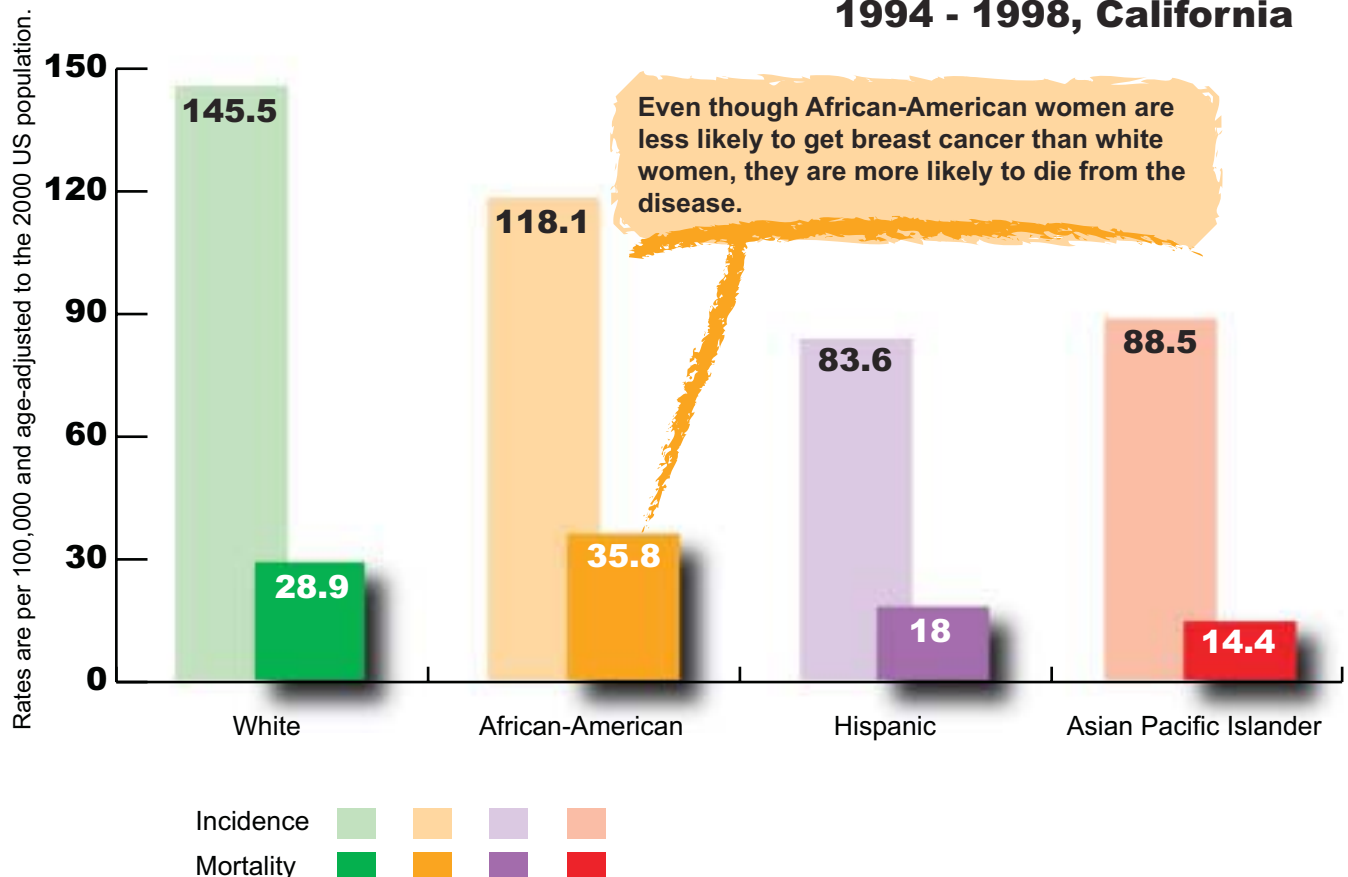
Age **60 - 70** ... **1** out of **28**

Age **70 - 80** ... **1** out of **24**



Source: National Cancer Institute Surveillance, Epidemiology, and End Results Program, 1995-1997.

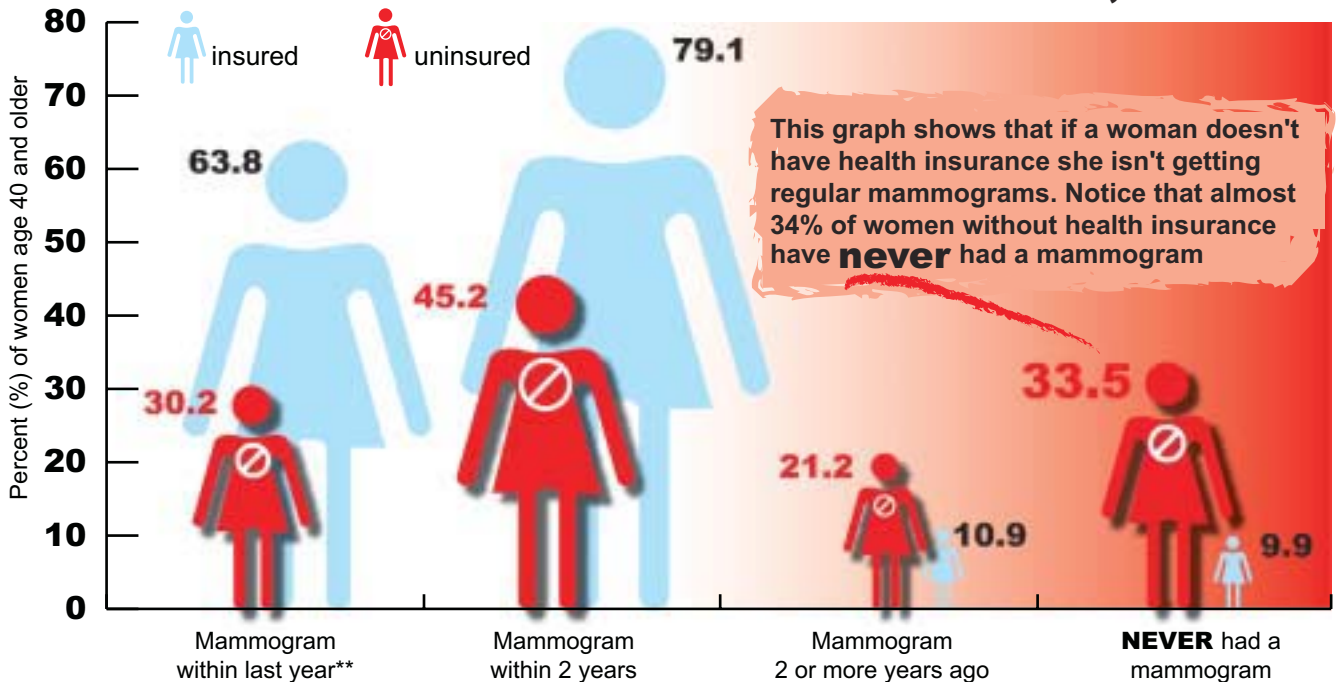
Invasive Breast Cancer **Incidence** and **Death** rates among race/ethnic groups 1994 - 1998, California



Prepared by the California Department of Health Services (CDHS), Cancer Surveillance Section.
Source: California Cancer Registry (08/01) and CDHS Center for Health Statistics Death Master File.
Rates are per 100,000 and age adjusted to the 2000 US population.

for your information

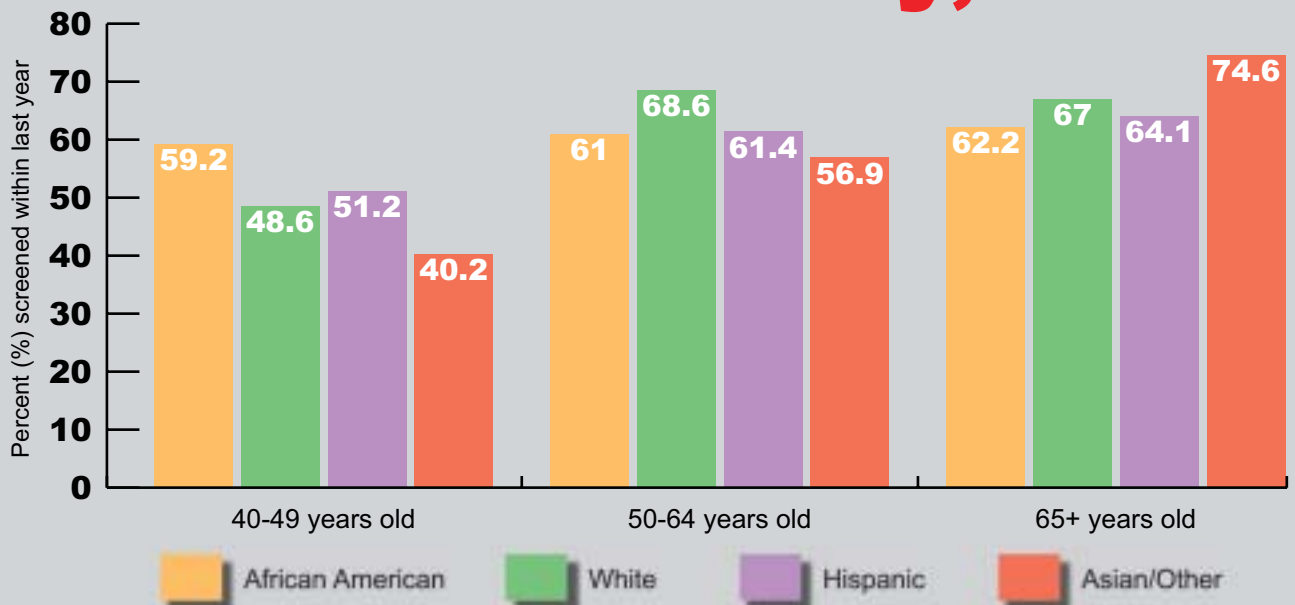
Mammography use by health insurance status, California



Source: California Behavioral Risk Factor Survey, 1998-2000.

**Please note that women in "Had a mammogram within last year" are also in the group "Had a mammogram within 2 years".

Mammography use by age and race/ethnicity, California



Source: California Behavioral Risk Factor Survey, 1998-2000.

Community Profile



California Department of Health Services | Cancer Detection Programs: Every Woman Counts

gold country region

Area Served:

13 Counties – including Alpine, Amador, Calaveras, El Dorado, Mono, Nevada, Placer, Sacramento, San Joaquin, Sierra, Sutter, Yolo and Yuba counties.

Medically Underserved Women Helped:

Over 11,000 women screened for breast cancer from July 1, 1999 to June 30, 2001. They include 41% Hispanic/Latina, 36% Caucasian, 5% African-American, 4% Asian/Pacific Islander and 2% Native American.

Program Contact:

3950 Industrial Blvd., Suite 600
West Sacramento, CA 95691
916-556-3344

Most Significant Challenge:

Serving rural and urban women in a hugely dispersed geographic area in a way that meets their different needs. Programs reach across county lines, but must assist women in dealing with the idiosyncrasies of individual county health programs.

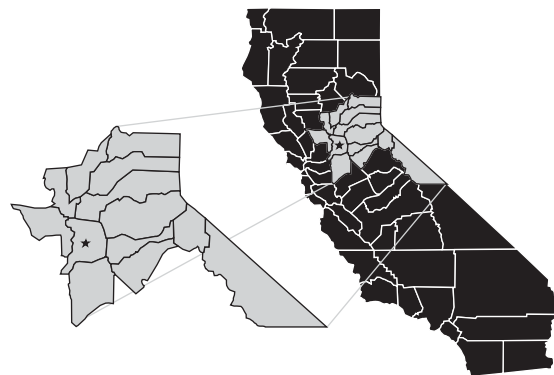
How Challenge Is Met:

The partnership has formed seven sub-regional committees that link counties with common needs and issues for strategic planning and program development. These groups unite to organize regional events.

Program Spotlight:

Raley's Breast Cancer Early Detection Clinic

Developing collaborative relationships in the face of conflicting agendas to unite behind a single objective is a specialty of the Gold Country Region Partnership. And that's how they manage to get more than 60 volunteers to donate over 830 hours to stage their annual Raley's Breast Cancer Early Detection Clinic. Raley's is a supermarket chain in Northern California and Nevada.



Now in its sixth year, the two-day clinic teaches hundreds of local women about the importance of early screening for breast health and actually provides clinical breast exams and mammograms for nearly 300 eligible women.

The event is held in six to eight community locations across the region and brings breast cancer screening services to local women where they live. In trailers donated by local merchants, information is provided and clinical breast exams are performed on-site. A free shuttle service, using donated vans, takes women to local mammography facilities. Because many women must drive more than 40 miles to get to a mammography site, the event provides an especially valuable service. In fact, many local area women now count on the convenience of combining a trip to the supermarket with getting screened for breast cancer every year, and they contact Raley's to find out when the event is scheduled each year.

In addition to Raley's, more than 15 local organizations participate in the unique public/private partnership, including Ford Motor Company, Geweke RV Dealership, Susan G. Komen Foundation, American Cancer Society, Health Education Council and others.

Community Profile



California Department of Health Services | Cancer Detection Programs: Every Woman Counts

northern california breast and cervical cancer partnership

Area Served:

16 Counties – including Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Napa, Plumas, Shasta, Siskiyou, Sonoma, Tehama, and Trinity.

Medically Underserved Women Helped:

Over 8,000 women screened for breast cancer from July 1, 1999 to June 30, 2001. Serving women of all ethnicities – 78% rural Caucasian

Program Contact:

1560 Humboldt Road, Suite 4
Chico, CA 95928
530-345-2483

Most Significant Challenge:

Encouraging women to have clinical breast exams and mammograms on an annual basis, not just once.

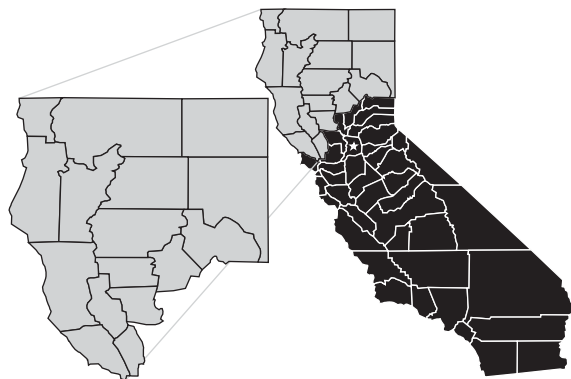
How Challenge Is Met:

By developing peer-based programs that reach women through trusted friends – and offering local resources for information and care.

Program Spotlight:

Only Your Hairdresser Knows... Beauty Shops Promote Breast Health, Encourage Cancer Screenings

Thirteen Oroville stylists are teaching local women that beauty and health are more than skin deep. The local stylists were selected by the Northern California Breast Cancer Partnership to participate in a statewide pilot program to educate local women about breast cancer and the importance of regular screenings.



Women already confide in their stylists about a wide variety of subjects – from family and marital problems to personal health issues and concerns. So enlisting these trusted confidantes in a program that encourages women to schedule regular clinical breast exams and mammograms and conduct self-exams is a natural.

Launched in March 2001, the beauty shop promotion ran through January 2002 and included three local Oroville shops. The local stylists who are participating in the program have received special training about the basics of breast cancer and the importance of regular screenings. They were trained how to initiate casual conversations with their clients about the importance of regular breast cancer screenings. Educational materials, including a breast model to help demonstrate proper self-examination techniques, are part of the program, along with free materials for customers about breast cancer. The program is expanding to additional counties.

Program results are tracked via response cards that customers may complete to participate in monthly prize drawings and through requests for information and referrals from the statewide toll-free hotline. The program's objective is to reach lower income rural women who have been difficult to reach through more traditional promotional avenues.

Community Profile



California Department of Health Services | Cancer Detection Programs: Every Woman Counts

partnered for progress

Area Served:

Los Angeles County

Medically Underserved Women Helped:

Over 127,000 women have been screened for breast cancer from July 1, 1999 to June 30, 2001. They include 70% Hispanic/Latina, 7% White, 3% African-American and 11% Asian/Pacific Islander women.

Program Contact:

4929 Wilshire Blvd., Suite 810
Los Angeles, CA 90010
323-930-5424

Most Significant Challenge:

The support of over 450 primary care providers with information on breast screening, tracking and follow-up in order to assure quality service and to meet the needs of a large, diverse population.

How Challenge Is Met:

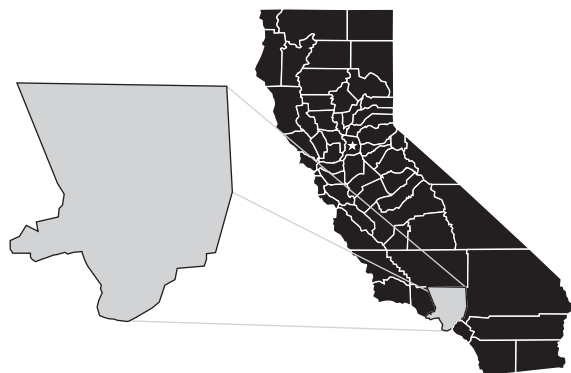
A Continuous Quality Improvement Committee develops programs that assist providers in improving breast health clinical services, and three Ethnic Task Forces address cultural barriers to accessing these services.

Program Spotlight:

"Triple Test" Program Offers Triple Protection

Accurate diagnosis of breast cancer can often be complicated and confusing, even for medical professionals. That is why Partnered for Progress, the Los Angeles county regional cancer partnership, developed a professional education program designed to help primary care providers guide women through all the necessary procedures generated by an abnormal screening.

Called "Diagnosis of Breast Lesions for Primary Care Practitioners: The Triple Test Concept," the educational course includes presentations



by primary care physicians, radiologists, pathologists and surgeons – along with explanations of the diagnostic algorithms designed to help primary care practitioners through the diagnostic process.

Launched four years ago, the Triple Test program emphasizes close collaboration and clear communication between the patient and physicians in different specialties. Usually, a number of physicians or health professionals are involved in conducting the three types of exams or tests necessary to obtain an accurate diagnosis of breast cancer. These include a clinical breast exam, radiological or mammography exam, and diagnostic (pathological) exam. These three tests need to be in agreement for physicians to confidently diagnose breast cancer.

More than 350 physicians, physician assistants, mammography technologists and advanced practice RNs have completed the course.

In addition to "Triple Test," the partnership also has developed programs geared to assist providers in caring for women through annual recall systems, tracking and follow-up.

Community Profile



California Department of Health Services | Cancer Detection Programs: Every Woman Counts

tri-counties regional partnership

Area Served:

San Luis Obispo, Santa Barbara and Ventura Counties

Medically Underserved Women Helped:

Over 8,000 women screened from July 1, 1999 to June 30, 2001. The include 66% Hispanic/Latina, 1% African-American, 1% Asian/Pacific Islander and 25% Caucasian.

Program Contact:

345 Camino del Remedio, Room 340
Santa Barbara, CA 93110
805-681-4783

Most Significant Challenge:

Cultural and access barriers that prevent Latinas from getting appropriate care and testing. Barriers include: difficulty getting time off work, clinics hard to get to, language barriers and lack of knowledge about need for screening.

How Challenge Is Met:

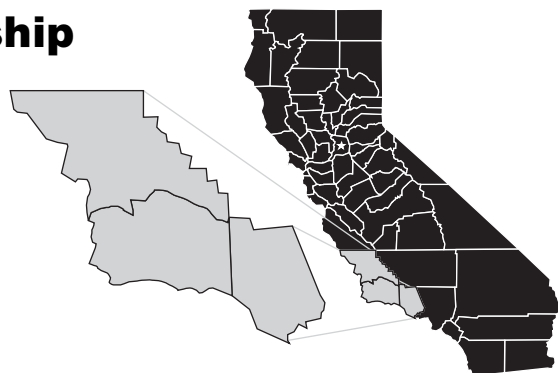
Cooperative efforts with physicians and community-based organizations to host single-site screening days. Also work with providers to establish tracking protocols to get women screened every year.

Program Spotlight:

Special Screening Days Offer One-Stop Breast Care

When a woman gets screened for breast cancer, typically she first sees a doctor or health care professional for a clinical breast exam, and then gets a referral for a mammogram at a different facility. Breast cancer professionals in the tri-county area wanted to capture the women they were losing between the initial breast exam and mammography appointment. So, they decided to follow the example of successful retailers – one-stop shopping!

Now, Special Screenings Days are one of the most successful breast cancer outreach efforts in the state. With more than 60 events scheduled in a one-year period, Special Screening Days offer



clinical breast exams and mammograms at a single site. A mobile mammography unit is present at most events and women can also schedule future Pap test appointments. The program has been especially successful among Latinas, for whom multiple appointments at different locations meant missing valuable workdays and many bus transfers. Many of the area women screened for breast cancer have been reached through the Special Screening Days program.

Started about six years ago in Santa Barbara County, the number of Special Screening Days have increased dramatically in the last couple years and expanded to San Luis Obispo and Ventura counties. The local partnership provides mini-grants to local community-based organizations to help promote the events, and peer-to-peer education programs encourage women to bring their friends and family. The partnership also offers logistical support and works closely with health care providers to develop follow-up protocols to encourage annual rescreening.

Getting rescreened every year is key to catching breast cancer early when the chance of survival is excellent. In addition to reaching thousands of local women for initial screenings, the Special Screening Days have been instrumental in helping local physicians increase their own rescreening efforts – with several doctors getting 50%-70% of their patients rescreened.

Fact Sheet



California Department of Health Services | Cancer Detection Programs: Every Woman Counts

breast cancer

Fewer California women are dying from breast cancer. The death rate from breast cancer has decreased 22% since 1988.^{1,2}

The Good...

- Breast cancer deaths declined 13% for African American and Hispanic women in California which, for the first time, is statistically significant.¹
- More California women ages 40 and older are getting mammograms. In 1987, only two out of five women (39%) reported having a mammogram in the past year. By 2000, three out of five women (63%) reported having a mammogram in the last year.¹
- The best way to detect breast cancer early is with regular clinical breast exams, conducted by a health care professional, and mammograms. 70% of breast cancers are being diagnosed at an early stage.^{1,2} The rate of late-stage cancer is declining due to:
 - Increased awareness due to programs such as the Breast Cancer Early Detection Program and Breast and Cervical Cancer Control Program, (now known as *Cancer Detection Programs: Every Woman Counts*)³
 - More health insurance plans covering mammograms, and
 - Low cost or free screening programs offered through local or state health departments.⁴
- Breast cancer screening has saved the lives of thousands of women since mammography was introduced in the 1960s.^{5,6}

The Bad...

- Breast cancer is the most common cancer among women. It accounts for nearly 1 out of 3 cancers diagnosed in women in the United States and California.^{1,5}
- Breast cancer is the second leading cause of cancer deaths in women in the United States and California -- only lung cancer accounts for more cancer deaths.^{1,5}
- In 2002, it is projected that 21,325 California women will be diagnosed with breast cancer and 4,275 will die from the disease.¹

...And The Not So Pretty!

- The risk of breast cancer increases with age, especially after age 50. About 80% of new cases and 82% of breast cancer deaths occur in women over age 50.²
- Women often do not get mammograms because they think that if they have no symptoms they do not need one. But, mammography can find a lump as much as two years before it can be felt.⁷

- Women face many cultural and economic barriers to adequate breast cancer screening, diagnosis and treatment. Physicians and women need to be more diligent about discussing breast cancer and mammography.⁸
- Lack of a doctor's recommendation for a mammogram is a top-ranked barrier for nearly all groups of women. The other main barrier is cost (for lower-income groups).^{9, 10}
- Women who discussed breast cancer screening with their physicians were up to 12 times more likely to receive a mammogram than women who did not talk to their physicians.¹¹
- Cost or the ability of the patient to pay for a mammogram is the most frequently cited reason why physicians do not recommend mammograms.¹²

Age, Income, Health Insurance Trends & Patterns

- The chance of getting breast cancer increases with age. For example, from age 30 - 40, the chance is 1 in 257; from age 40 - 50, 1 in 67; and from age 60 - 70, 1 in 28.¹⁴
- Over 80% of the new breast cancer cases and 82% of breast cancer deaths in California occur in women ages 50 and older. Women under 40 account for only 6% of breast cancer cases.²
- In California, only 42% of low income women over 40 reported having both a clinical breast exam and mammogram, compared to 53% of higher income women.¹⁵
- The largest differences in breast cancer screening are found between women with and without health insurance (public or private). Less than a third (30.2%) of uninsured California women age 40 and older had a mammogram within the last year, compared to 64% of insured women.¹⁶
- Uninsured women with breast cancer have a 30 to 50% higher risk of dying than women with private health insurance because of delayed diagnosis. Having no insurance leads to 360 to 600 premature breast cancer deaths each year.¹⁷
- 21% of California women are without health insurance. California is ranked 44th in the nation for providing women access to health insurance.¹⁸

Ethnic Trends & Patterns

The rates of developing and dying from breast cancer differ among ethnic groups. Although mammography utilization has increased significantly in California, it varies among ethnic groups, income and education levels.

White (Non-Hispanic)

- For all ages combined, White women have the highest incidence rate for breast cancer.^{1,2}
- 70% of the breast cancers diagnosed in 1998 in White women were early stage.¹
- In 2001, 64% of White women age 40 and older reported having a mammogram in the last year.¹⁵

African-American

- African-American women with breast cancer are more likely to die from the disease at almost every age than women of any other race. The higher death rate is related to a larger percentage of the breast cancers being diagnosed at a later, less treatable stage.¹⁹
- 61% of the breast cancers diagnosed in 1998 in African-American women were early stage.¹
- In 2001, 56% of African-American women age 40 and older reported having a mammogram in the last year.¹⁵

Asian/Pacific Islander

- Invasive breast cancer rates increased by about 20% from 1988-1998 among Asian/Pacific Islander women in California. Although this group has the lowest incidence rate of breast cancer, it is the only group with a statistically significant increase in the incidence rate.^{1,2}
- 69% of the breast cancers diagnosed in 1998 in Asian/Pacific Islander women were early stage.¹
- In 2001, less than half (49%) of Asian/Pacific Islander women age 40 and older reported having had a mammogram in the last year, the lowest screening rate of all ethnic/racial groups.¹⁵

Hispanic

- Uninsured Hispanic women are two to three times more likely to have cancer diagnosed at a later stage, making it less treatable.²⁰
- 64% of the breast cancers diagnosed in 1998 in Hispanic women were early stage.¹
- In 2001, 57% of Hispanic women age 40 and older reported having a mammogram in the last year.¹⁵

Early Detection - The Best Defense

- Early detection of breast cancer improves the chances of survival. When breast cancer is diagnosed early (at a localized stage), 96 out of every 100 women survive for five years or more. Once the disease has spread to other parts of the body, only 21% survive five years.²¹
- The key to early detection is the combination of regular clinical breast exams and mammograms. Screening mammography is successful in detecting breast cancer in its earliest and most treatable stage – several years before a lump can be felt – preventing thousands of breast cancer deaths each year.⁵ The American Cancer Society recommends:¹
 - ✓ Women age 40 and older should have an annual clinical breast exam and mammogram and should perform monthly breast self-examinations.
 - ✓ Women ages 20 – 39 should have a clinical breast examination by a health care professional every three years and should perform monthly breast self-examinations.
- Breast cancer screenings should be performed on a regular basis! Women with normal breast cancer screening results are still at risk for the disease during subsequent years.

Sources:

1. American Cancer Society, California Division, and Public Health Institute, California Cancer Registry, California Cancer Facts & Figures, 2002 (available from: www.ccrca.org).
2. Kwong, et al., Cancer in California, 1988-1999. Sacramento, CA: California Department of Health Services, Cancer Surveillance Section, December 2001.
3. Perkins, et.al. Breast cancer in California: stage at diagnosis and Medi-Cal status, Sacramento, California: California Department of Health Services, Cancer Surveillance Section, March 2000.
4. Centers for Disease Control and Prevention, The National Breast and Cervical Cancer Early Detection Program, at-a-glance fact sheet 2001, www.cdc.gov/cancer/nbccedp, Accessed: May 2002.
5. American Cancer Society, Cancer Facts and Figures, 2002, www.cancer.org.
6. American Cancer Society, Mammography and Other Breast Imaging Procedures, Prevention and Early Detection, 9/28/99, www.acs.org, Accessed: May 2002.
7. National Cancer Institute, A Health Guide for All Women, NIH Publication No.93-3536, April 1993.
8. Kohatsu, N.D., Tetzlaff, M.R., Lackey, K., Hernandez, M., and Cramer, E.R. Breast Cancer Screening in California, Sacramento, CA: California Department of Health Services, Office of Clinical Preventive Medicine, January 1995.
9. Harper AP. Mammography utilization in the poor and medically underserved. Cancer 1993; 72(4 Suppl): 1478-82.
10. American Cancer Society. Cancer. Vol 94, No.1:37-43, 2002.
11. Fox et al., The impact of physician compliance on screening mammography for older women. Arch Intern Med 1991;151(1):50-6.
12. American Cancer Society. Survey of physicians' attitudes and practices in early cancer detection. CA-A Cancer Journal for Clinicians, 40(2):77-101, 1990.
13. County Health Status Profiles 2002, Department of Health Services and California Conference of Local Health Officers. www.dhs.ca.gov/pubs.
14. National Cancer Institute Surveillance, Epidemiology, and End Results Program, 1995-1997. <http://cis.nci.nih.gov/fact/5-6.htm>, Accessed: May 2002.
15. 2001 Women's Health Survey, California Department of Health Services, Sacramento, CA, in collaboration with the California Department of Mental Health, California Department of Alcohol and Drug Programs and CMRI (California Medical Review, Inc.).
16. California Behavioral Risk Factor Survey, 1998-2000, California Surveillance Section, Department of Health Services.
17. Institute of Medicine, Care Without Coverage: Too Little, Too Late. National Academy Press, 2002 (available from: www.nap.edu).
18. National Women's Law Center, Making the Grade on Women's Health: A National and State-by-State Report Card, 2001, www.nwlc.org.
19. Miller et al. (eds.) Racial/Ethnic Patterns of Cancer in U.S. 1988-92, National Cancer Institute. NIH Pub No 96-4104. Bethesda, MD 1996.
20. American College of Physicians – American Society of Internal Medicine, "No health insurance? It's enough to make you sick. Latino community at great risk." Philadelphia: College of Physicians – American Society of Internal Medicine; White Paper; 2000. (Available from American College of Physicians – American Society of Internal Medicine, 190 N. Independence Mall West, Philadelphia, PA 19106.)
21. Reis et al., SEER Cancer Statistics Review, 1973-1997. National Cancer Institute. NIH Pub No 00-2789. Bethesda, MD, 2000.

Fact Sheet



California Department of Health Services | Cancer Detection Programs: Every Woman Counts

cervical cancer

Cervical cancer is nearly 100% preventable with regular Pap tests, which can detect abnormalities before they become cancerous.^{1,2}

The Good...

- The Pap test, one of the most successful cancer screening tests, has saved thousands of lives since first introduced in the 1950s.³
- Fewer California women are getting cervical cancer. From 1988–1999, invasive cervical cancer incidence declined in each of the four major race/ethnic groups.⁴

The Bad...

- This year, 13,000 cases of cervical cancer will be diagnosed in the U.S., and 4,100 women will die from the disease.⁵
- In California, approximately 1,735 women will be diagnosed with cervical cancer this year and 470 women will die needlessly from the disease.¹
- Uninsured women are less likely than insured women to be screened, making them most at risk to develop cervical cancer. The risk of developing cervical cancer is 3 – 10 times greater in women who have not been screened.^{6,7}
- Uninsured patients are more likely to die prematurely because of delayed diagnosis.⁷
- A common cancer among Asian and Hispanic women, cervical cancer is a major problem for many women recently immigrating to California.¹

...And The Not So Pretty

- Between 60% and 80% of American women with newly diagnosed invasive cervical cancer have either not had a Pap test in the past 5 years or have never had one.⁸
- 800,000 California women age 18 and older who need to be routinely screened have never had a Pap test.²

Age, Income, Health Insurance Status Trends & Patterns

- The average age of women diagnosed with the disease is between 50 and 55 years old – primarily because they are less likely to have routine exams.³
- About one out of five uninsured, low-income women age 40 and older screened by the Cancer Detection Section (CDS) have never or rarely (within the last 5 years) received a Pap test. This is the group where over 30% of invasive cervical cancers will be diagnosed.⁹

- Approximately one out of every six uninsured women have never had a Pap test, compared to only one out of every seventeen women with health insurance.²
- Cervical cancer screening is increasing among lower income women. In 1999, 84% of lower income women reported having a Pap test in the last three years, compared to 76% in 1992.²

Ethnic Trends & Patterns

The risks of developing and dying from cervical cancer differ among ethnic groups, as does the frequency of getting regular cervical cancer screening.

White (Non-Hispanic)

- Half (52%) of the cervical cancers diagnosed in 1998 in White women were in the early stages.¹
- From 1988-1999, cervical cancer incidence declined less among White women in California compared to other ethnic groups – the average decrease per year was 2%.⁴
- In 2000, 87% of White women ages 18 and older in California had a Pap test in the last three years.¹

African-American

- Less than half (42%) of the cervical cancers diagnosed in 1998 were in the early stages.¹
- From 1988-1999, the average decrease per year in cervical cancer incidence was 4.2%. Most of the decrease has taken place since 1992.⁴
- In 2000, 90% of African-American women ages 18 and older in California had a Pap test in the last three years.¹

Asian/Pacific Islander

- Asian/Pacific Islander women have the second highest risk for developing cervical cancer.^{1,4}
- 58% of the cervical cancers diagnosed in 1998 in Asian/Pacific Islander women were in the early stages.⁴
- From 1988-1999, the average decrease per year in cervical cancer incidence was 3.5%.⁴
- Asian/Pacific Islander women were the least likely to report having recently received a Pap test.² In 2000, 78% of the women ages 18 and older in California had a Pap test in the last three years.¹
- The cervical cancer incidence rate in Vietnamese American women is five times higher than among White women, according to national statistics. It is the most common cancer for Vietnamese women whereas breast cancer is the most common cancer for all other groups.¹⁰

Hispanic/Latinas

- Latinas have the highest risk for developing cervical cancer in California – more than twice as high as White women. Latinas represent one-third of invasive cervical cancers diagnosed each year in California.⁴
- Half (52%) of the cervical cancers diagnosed in 1998 among Latinas were in the early stages.¹
- In 2000, 83% of Latinas ages 18 and older in California had a Pap test in the last three years.¹

Early Detection - The Best Defense

- Regular Pap tests, which detect abnormalities before they become cancerous, are essential in preventing cervical cancer.¹
- Early detection of cervical cancer improves the chances of survival. When cervical cancer is localized (early stage), 91 of every 100 women will survive for at least five years. Once the cancer has spread to other parts of the body, the 5-year survival rate is 23%.¹
- All women should receive annual Pap tests beginning at age 18, or when they become sexually active, whichever comes first. After a woman has had 3 or more consecutive normal annual examinations, the Pap test may be performed less frequently at the discretion of the physician.¹

Sources:

1. American Cancer Society, California Division and Public Health Institute, California Cancer Registry, California Cancer Facts & Figures 2002.
2. Points of Interest - Cervical Cancer Screening, California Department of Health Services and the Public Health Institute, Cancer Surveillance Section, Survey Research Group, Number 5, March 2001.
3. Cancer Research Foundation of America, Fact Sheet CFC Number 0481, Cervical Cancer – A Preventable Cancer.
4. Kwong, SL, Perkins CI, Morris CR, Cohen R, Allen M, Schlag R, Wright WE, Cancer in California, 1988-1999. Sacramento, CA: California Department of Health Services, Cancer Surveillance Section, December, 2001.
5. American Cancer Society. Cancer Facts & Figures, 2002 (available from: www.cancer.org).
6. National Cancer Institute, "Cervical Cancer: Screening, Health Professional Version", Accessed: May 2002 (available from www.cancer.gov).
7. Institute of Medicine, National Academy of Sciences. Care Without Coverage: Too Little, Too Late. National Academy Press, 2002 (available from: www.nap.edu).
8. American Cancer Society, Cancer Resource Information, Early Detection, Diagnosis, and Staging, Can Cervical Cancer Be Found Early?, www3.cancer.org/cancerinfo/ Accessed: May 2002.
9. California Department of Health Services, Cancer Detection Section, Breast and Cervical Cancer Control Program, data source July 2000, MDE.
10. Racial/ethnic patterns in cancer in the United States 1988-1992. Miller BA, et al., editors. National Cancer Institute. Bethesda, MD: National Institutes of Health, Pub No. 96-4104, 1996.

Fact Sheet

California Department of Health Services | Cancer Detection Section

prostate cancer

Prostate cancer is the most common cancer in men. One in six men will be diagnosed with prostate cancer at some point in his lifetime.^{1,2}

- In California, approximately 20,500 men will be diagnosed with prostate cancer in 2002, and over 3,000 men will die from the disease.²
- Prostate cancer is the second leading cause of cancer death in men, exceeded only by lung cancer.²
- Prostate cancer, more than any other form of cancer, is a disease associated with aging. About 75% of men are age 65 and older when diagnosed.²
- African American men have the highest rates of prostate cancer. African American men are 60% more likely than White men to develop prostate cancer,² twice as likely as Hispanic men, and three times more likely than Asian and Pacific Islander men.
- Prostate cancer in African Americans is more likely to be an aggressive form of the cancer and strike at an earlier age.³
- Little is known about the causes of prostate cancer, though a diet high in fat increases the risk.⁴
- Like most cancers, prostate cancer is most likely to be treated more successfully when found in its early stages. Unlike breast cancer, clinical trials have not clearly demonstrated a decrease in mortality following screening and there are many uncertainties about early detection of this disease. For example, prostate cancer often grows very slowly (unlike other cancers) and may never become life threatening.²
- The American Cancer Society, American Urological Association and the National Comprehensive Cancer Network recommend doctors offer men age 50 and older the option of yearly screening tests for the disease using two tests, the Digital Rectal Exam (DRE) and the Prostate Specific Antigen (PSA), along with a discussion of the benefits and risks of both tests. Men at high risk, such as African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age, should begin testing at age 45.⁵
- Early detection may have an effect on survival. At least 70% of all prostate cancers are detected early (while confined to the prostate), with a five-year survival rate of 97%. If the prostate cancer is detected after it has spread to other parts of the body, the survival rate is 34%.²

Sources:

1. American Cancer Society, What Are the Key Statistics About Prostate Cancer?, Cancer Reference Information Fact Sheet, www.cancer.org, Accessed: July 2002.
2. American Cancer Society, California Division and Public Health Institute, California Cancer Registry, California Cancer Facts & Figures 2002.
3. Mayo Clinic, What is Prostate Cancer? Fact Sheet, June 2002, www.mayoclinic.com, Accessed: July 2002.
4. Mills PK, (ed). Prostate Cancer in California: A Special Report. Berkeley, CA: Public Health Institute, June 2000.
5. American Cancer Society, Can Prostate Cancer Be Found Early?, Prevention & Early Detection Fact Sheet, www.cancer.org, Accessed: July 2002.

MS-7203 | PO BOX 997413 | SACRAMENTO | CALIFORNIA | 95899-7413 | 916.449.5300

www.dhs.ca.gov/cancerdetection